

Rx Claims Data Submission Guide

Microsoft Excel is the preferred format (if applicable). Please send all information to stoplossmail@hmig.com

Claimant ID	Unique identifier utilized by pharmacy benefit manager
Claimant Last Name	The last name of the claimant associated with the claim
Claimant First Name	The first name of the claimant associated with the claim
Claimant Middle Initial	The middle initial of the claimant associated with the claim
Claimant Date of Birth	The date of birth of the claimant associated with the claim
Claimant Gender	The gender of the claimant associated with the claim (male / female/ not specified)
Claimant Relationship	The relationship of the claimant associated with the claim to the cardholder / member / subscriber
Division / Class / Location (if applicable)	Employer division / class / location utilized for reporting
Pharmacy Name	The name of the dispensing provider
Service Provider ID	Dispensing provider ID number
Claim Status	Identifies the transaction status as assigned by the processor (paid / rejected / reversed / adjusted)
Date of Service	Identifies the date the prescription was filled or professional service rendered
Adjudication Date	Date the claim or adjustment was processed (paid)
Product / Drug Name	Label or drug name associated to the product dispensed
National Drug Code Number (NDC)	Known as the NDC, identifies the labeler, product and trade package size
Generic Name	The name associated with the GPI or generic name
Compound Code	Code indicating whether or not the prescription is a compound (compound / not a compound / not specified)
Quantity Dispensed	Quantity dispensed expressed in units
Unit of Measure	NCPDP standard product billing codes (EA = each; GM = grams; ML = milliliters)
Days Supply	Estimated number of days the prescription will last
Ingredient Cost	The ingredient cost, based on quantity dispensed times unit cost
Dispensing Fee	Fee paid to the pharmacy for dispensing the drug
Total Amount Paid by All Sources (Gross Cost)	Total amount of the prescription regardless of the party responsible for payment
Claimant Pay Amount	Total amount to be paid by the claimant to the pharmacy; the claimant's total cost share, including copayments, amounts applied to the deductible, etc.
Total Copay Amount	Amount to be collected from the claimant that is included in 'claimant pay amount' that is due to a per prescription copay
Net Amount Due (Plan Cost)	Net amount paid to the provider by the payer or net amount due from the client to the payer

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